

**State of Arizona
Department of Economic Security**



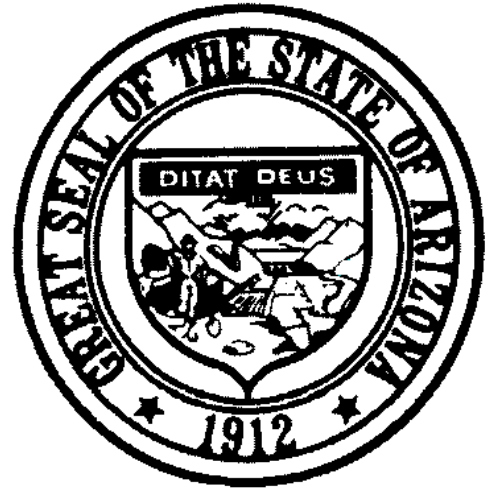
ANNUAL REPORT

July 1, 1999 - June 30, 2000



John L. Clayton, Director
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Aging and Adult Administration



Annual Report SFY 2000

July 1, 1999 - June 30, 2000

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John L. Clayton
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Message from Program Administrator Henry Blanco

It is my pleasure to share with you the Aging and Adult Administration's efforts and achievements for the period of July 1, 1999 to June 30, 2000.

This year, the administration experienced program growth and enhancement in the following areas:

- An Ombudsman Program was developed for the Navajo Nation;
- Emphasis was placed on providing outreach and education on fraud and abuse to Medicare/Medicaid beneficiaries to under-served and/or rural populations;
- Specialized training was implemented by the administration designated to educate Department of Economic Security staff in legal intervention options; and
- Quality assurance was enhanced in the following areas: Non-Medical Home and Community Based Services, the Foster Grandparents Program, legal assistance and Adult Protective Services case reviews.

The administration remains committed to expanding programs and services for at-risk and older adults to meet their needs to the maximum of their ability, choice and benefit; valuing the rights of individuals; and to collaborating with agencies that serve the aging population.

Sincerely,

Henry Blanco
Program Administrator

Mission, Values, and Principles

Mission

The mission of the Department of Economic Security, Aging and Adult Administration is to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice and benefit.

Values

- The rights of individuals and the preservation of their independence, self sufficiency, safety, honor and dignity;
- The rights of individuals to obtain and maintain physical and mental health;
- The individual and family initiative in directing life choices and expressing preferences;
- Equal access to quality services and supports for individuals; and
- The opportunity for employment, life-long learning and civil involvement.

Principles

- Programs and services are offered in a manner that supports and enhances independence, self-esteem, mutual respect, value, dignity, and maximizes an individual's quality of life;
- Opportunities, programs and services are designed and developed to meet the needs of older adults and prevent premature institutionalization;
- Programs and services are provided through a comprehensive and responsive system that recognizes and supports cultural diversity;
- The Administration works cooperatively with state and local leaders in developing information and access to state and community programs and services;
- Programs and services are offered in a manner that exhibits effective, efficient and appropriate management, and public accountability; and
- Program development, decisions, and actions are guided by the Administration's mission, values and objectives.

Introduction

The Aging and Adult Administration (A&AA), within the Department of Economic Security (DES), in accordance with the mandates of the Older Americans Act (OAA) of 1965, is responsible for the administration of a statewide system of social services and programs for at-risk and older Arizonans. The Annual Report for State Fiscal Year (SFY) 2000 identifies the accomplishments of the A&AA, profiles the characteristics of the targeted population, and describes the programs offered and the services provided within each program. A&AA services include the following:

- Adult Protective Services (APS)
- Senior Community Service Employment Program (SCSEP)
- Foster Grandparents Program (FGP)
- Jobs Training Partnership Act (JTPA)
- Long-Term Care Ombudsman Program
- Legal Services Assistance
- State Health Insurance Assistance Program (SHIP)
- Non-Medical Home & Community Based Services (NMHCBS)
 - Case Management
 - Respite Care
 - Home Repair – Adaptation - Renovation
 - Transportation
 - Congregate Meals
 - Home Delivered Meals
 - Adult Day Care
 - Home Care – Housekeeper Chore – Personal Care
 - Home Nursing – Home Health Aid

The A&AA service delivery system, in accordance with DES and OAA operational regulations, is divided into six Districts and eight Regions. Each DES District's service structure and location is based upon population capacity by county as well as urban and rural factors. A&AA services provided by District include APS, SCSEP, FGP and JTPA. OAA regulations require State Units on Aging to divide states into Planning Service Areas or Regions. The A&AA has followed these regulations by dividing Arizona into eight Regions which constitute Arizona's Area Agencies on Aging (AAA). Services provided by Region include the Long-Term Care Ombudsman Program, Legal Services Assistance, SHIP, and NMHCBS.

The A&AA contracts with the eight AAAs and 45 Title V providers to provide the services listed above to older Arizonans. The AAAs are instrumental in developing public policy surrounding aging issues and advocating on behalf of the aging population. In addition, the A&AA works collaboratively with the Arizona Governor's Advisory Council on Aging (GACA) to promote legislative issues impacting the elderly.

Profile of Older Arizonans

Population

According to the DES Population Statistics Unit, 1999 U.S. Census Estimates indicate there are 4,778,332 people living in Arizona. Of these, 814,570 (approximately 17%) are individuals age 60 and older. Maricopa County, which includes the Phoenix urban area, contains the largest percentage of older Arizonans, accounting for approximately 50%. Pima County, which includes the Tucson urban area, accounts for 23% older Arizonans. The remaining thirteen counties have older populations ranging from under 1% to 6%.

Diversity

U.S. Census Bureau Estimates for 1999 indicate that 49% of older Arizonans age 60 and above are male, while 51% are female. Of the 814,570 older Arizonans 85% are White Non-Hispanic, 9% are Hispanic, 3% are Native American, 2% are African Americans and 1% are Asian and Pacific Islanders.

Living Arrangements

The 1999 AARP¹ "Profile of Older Americans Report", states that in America, older men were much more likely to be married than were older women, 75% for the men and 43% for the women. According to the 1990 Census, 13% older male Arizonans lived alone, while 35% older female Arizonans lived alone. As of June 2000, there were 1,200 licensed assisted living facilities in Arizona providing care to older persons who are no longer able to live independently. The AARP reports that 4% of the older Americans lived in nursing homes in 1996, while the Arizona 1990 Census indicates that 4% of older Arizonans were living in nursing homes.

Caregivers

In contrast to those requiring assisted living or nursing home care, many older Arizonans are called upon to assume the caregiver role in their homes today. In 1997, the U.S. Census Bureau concluded that approximately 8% of children in the United States were living in homes with a grandparent. According to the 1990 Census, grandparents were raising approximately 7% of children in Arizona.

The DES Division of Developmental Disabilities (DDD) conducted a Family Survey in 1999 which provided average ages for caregivers of developmentally disabled adults. DDD found that the statewide average age of these caregivers is 58. The eldest age group of caregivers of developmentally disabled Arizonans ranged from 72 to 94.

¹ Formerly known as the American Association of Retired Persons.

The National Family Caregivers Association (NFCA) completed a survey in 2000 which concluded that 27% of adults nationwide were involved in caregiving. Based upon current census data, this translates to more than 54 million caregivers nationwide. The male to female caregiver ratio indicates that 56% of caregivers are female, while 44% are male. Fifty-two percent of caregivers surveyed are providing physical care, help with dressing, mobility, toileting and bathing. Forty-six percent are assisting with nursing practices such as medication management or monitoring vital signs. The survey also contends that 54% of caregivers are between 35 and 64 years old.

Financial Considerations

In 1999, the federal Department of Health and Human Services (DHHS) placed the federal poverty level for a single-person household at \$8,350 and \$11,250 for the two-person household. According to AARP, the 1998 median income for older persons nationally was \$18,166 for males and \$10,054 for females. Statistics from the Arizona 1990 Census indicate that 11% of persons age 60-64, 9% of persons age 65-74 and 13% of persons age 75 and older were below the federal poverty level statewide.

Health Concerns

Chronic disease and reliance upon prescription medications compound the financial burdens some older Arizonans face. A study conducted by Families USA, an organization that focuses on health insurance issues, reported that in 1999 people age 65 and over account for 13% of the population who buy 34% of all drugs and pay for 40% of all prescription costs. The Arizona Department of Health Services (ADHS) currently reports that arthritis and high blood pressure are the most common chronic conditions affecting older adults. Other chronic conditions include heart disease, hearing impairments, cataracts, orthopedic impairments, chronic sinusitis, diabetes, visual impairments and varicose veins.

ADHS estimates indicate that 10-25% of older Arizonans have significant mental health issues such as depression and anxiety. Currently, the agencies providing mental health services in Arizona have no formal programs targeting the needs of older Arizonans. Medicare coverage for mental health services is also limited.

In 1999, the Greater Phoenix Alzheimer's Association reported that approximately 78,000 Arizonans are diagnosed with Alzheimer's, a progressively deteriorating neurological disorder, resulting in corruption of memory and decision-making skills. Nationwide statistics provided by the Alzheimer's Association indicate that less than 2% of people age 60 suffer from Alzheimer's disease, but by age 85 and over, 47% of people have the disease.

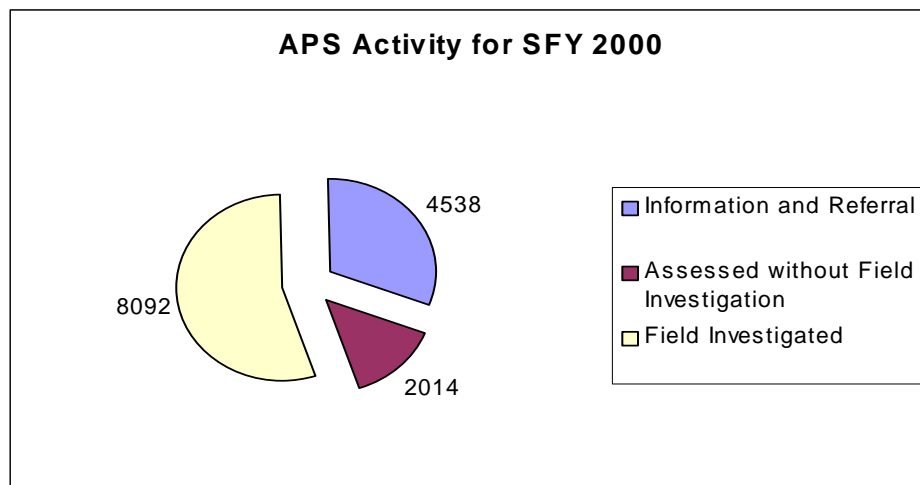
Adult Protective Services

APS is mandated to receive and evaluate reported incidents of abuse, neglect or exploitation of incapacitated or vulnerable adults; and to offer available and appropriate services to assist in accordance with individual needs and acceptance. The adult may reside independently or in an institution or facility. The abuse or neglect may be self-inflicted or inflicted by another person. In developing solutions for abused, neglected or exploited adults, APS strives to find assistance that allows the adult to remain in the least restrictive setting, in his/her own residence if possible, and to maintain the highest degree of self-sufficiency. APS has the authority to file for guardianship and conservatorship for individuals who lack capacity to make or communicate informed decisions.

APS is a statewide program with 30 office locations throughout the state (excluding Native American reservations). APS employs approximately 135 staff, 65 of whom are Human Services Specialists who conduct investigations. Included in this number is the Central Intake Unit, which has been in operation since April 1999. The Central Intake Unit (CIU) has provided the public with the ability to report incidents of abuse, neglect or exploitation of incapacitated or vulnerable adults 24 hours a day, 7 days a week. The majority of after-hour reports are received from law enforcement and other emergency personnel. APS continues to respond to reports from 8:00 AM to 5:00 PM, Monday through Friday, excluding holidays.

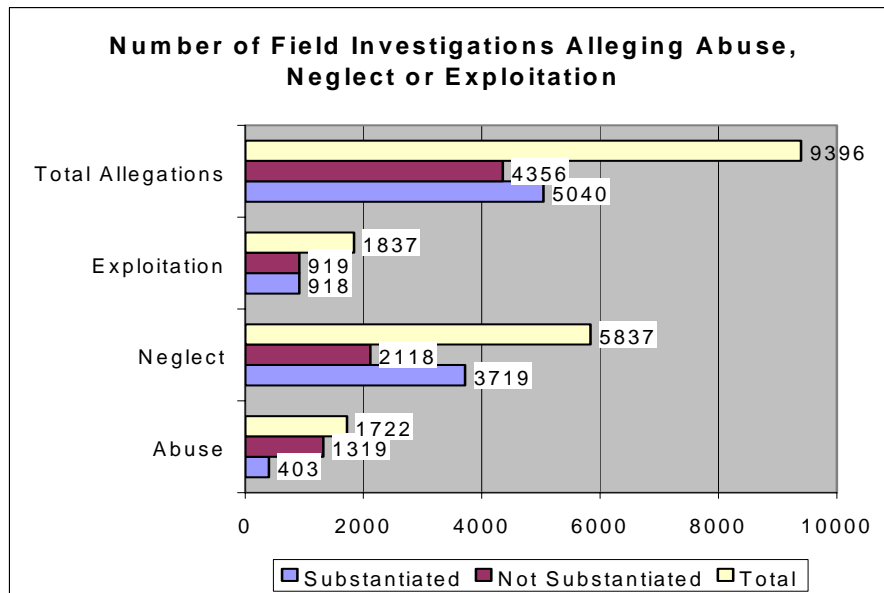
In SFY 2000, APS received 14,644 inquiries. Of the inquiries, 10,106 resulted in reports of abuse, neglect and exploitation of vulnerable or incapacitated adults, and 4,538 resulted in the provision of information and referral to other agencies. Of the reports, 8,092 resulted in field investigations and 2,014 resulted in assessment without field investigations. (Chart 1)

Chart 1 – APS Activity for State Fiscal Year 2000



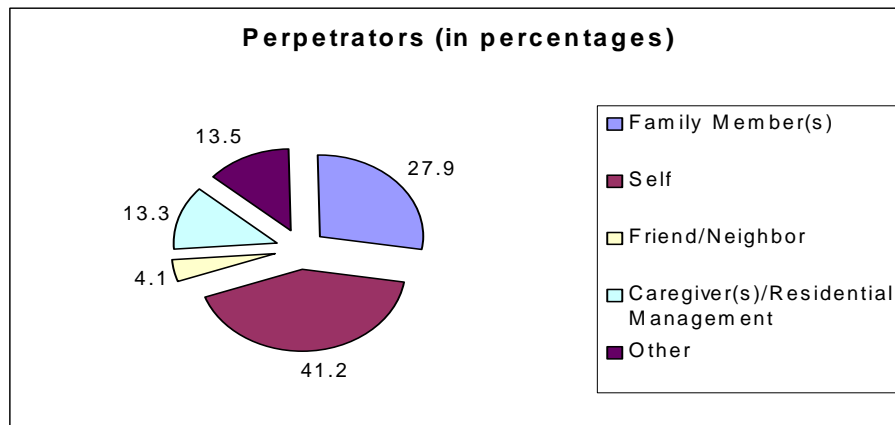
Due to the prevalence of multiple allegations within a single investigation, there were 9,396 allegations of abuse, neglect and/or exploitation within the 8,092 investigations during SFY 2000. Abuse was alleged 1,722 times (21.28%) and substantiated 403 times (23.4%); neglect was alleged 5,837 times (72.13%) and substantiated 3,719 times (63.71%); and exploitation was alleged 1,837 times (22.7%) and substantiated 918 times (50%). (Chart 2)

Chart 2 – Number of Field Investigations Alleging Abuse, Neglect or Exploitation



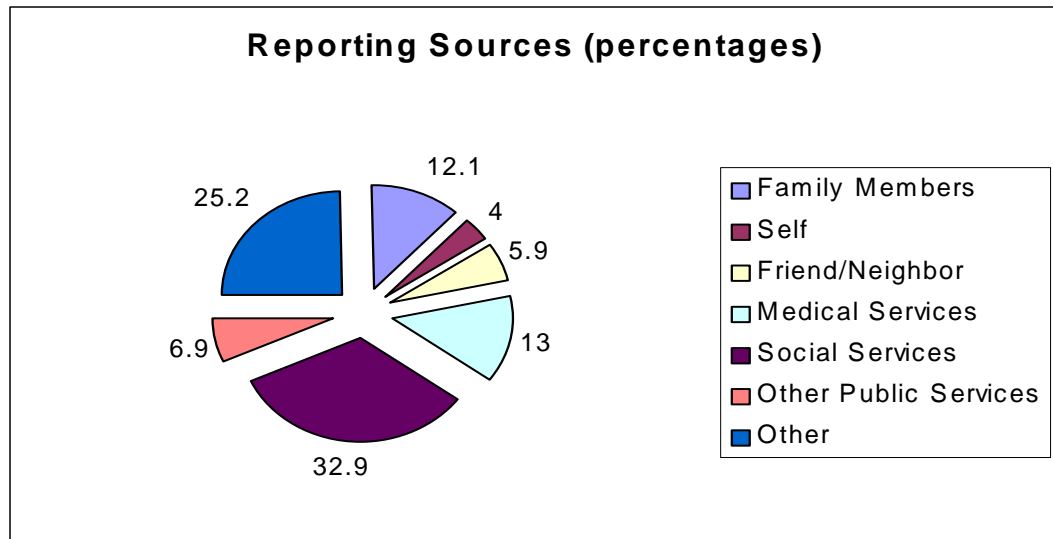
A perpetrator is a person alleged to have neglected, abused or exploited an incapacitated or vulnerable adult. Self-neglect (client unable or unwilling to care for him/herself) was alleged in 41.2% of the cases reported to APS. Family members are the second highest category of perpetrators in APS investigations at 27.9%, followed by others (telemarketing, home repair scams or mail fraud) at 13.5% and caregiver(s) or residential management at 13.3%. (Chart 3)

Chart 3 – Perpetrators



Reporting sources are persons or agencies that report alleged abuse, neglect or exploitation of incapacitated or vulnerable adults to APS. Social services comprise 32.9% of reporting sources. Other (law enforcement and/or anonymous) account for 25.2%, while medical services account for 13.0%. Family members are the fourth largest group of reporting sources at 12.1%. (Chart 4)

Chart 4 – Reporting Sources



Demographic information for APS clients during SFY 2000 includes the following:

- APS provides services to persons 18 years of age and older. Of the number of APS clients served, 20.7% are 18-59 years of age and approximately 78.7% of APS clients are 60 years of age and older. The highest concentration of APS clients over the age of 60 are persons 85 years of age and older representing 22.2%.
- The majority of clients served by APS are Caucasian (75.2%), while Hispanic clients account for 11.2% of the total population served.
- Of all APS clients, 62.4% are female, while 37.1% are male.

The following are SFY 2000 APS investigation statistics and program accomplishments by District:

DISTRICT I: Maricopa County, comprised of the Phoenix urban and outlying rural areas, received 4,452 reports. Of the reports, 3,372 resulted in field investigations. Abuse was alleged in 26.45%, neglect was alleged in 68.48% and exploitation was alleged in 22.75%. The APS staff in Maricopa County continue their involvement with the Maricopa Elder Abuse Prevention Alliance (MEAPA) and its sub-committees. These sub-committees include: Alternatives to Guardianship Program, Financial Exploitation Committee, Advocacy Committee, Public & Professional Education and

the Victims Assistance Committee. APS staff continue to provide community education and awareness on elder abuse and the APS Central Intake system to other service providers and the public in general. District I APS staff are involved in the Statewide Elder Abuse Task Force, which provides the opportunity for interaction and coordination with APS staff from Districts II through VI.

DISTRICT II: Pima County, which contains the Tucson urban and outlying rural areas, received 2,161 reports. Of the reports, 1,759 resulted in field investigations. Abuse was alleged in 21.09%, neglect was alleged in 69.02%, and exploitation was alleged in 27.86%. Reports in Pima County increased by 6%, resulting in a 12% increase in investigations. The increase is largely due to the extensive community education and awareness that is conducted by the local APS staff and the development and implementation of the Pima County Elder Abuse Task Force. APS staff in Pima County are actively involved in the Pima Elder Abuse Criminal Investigation Task Force and are working towards developing training for physicians and Emergency Medical Technicians. They also provided information on elder abuse to the Pascua Yaqui Tribe and their new elder abuse program and continue to have direct involvement in the Elder Shelter, which provides emergency housing for at-risk adults 24 hours a day. The Elder Shelter was created with the assistance and extensive involvement of the late Jackie Roth, former APS Human Services Unit Supervisor in Pima County.

DISTRICT III: Four northern Arizona Counties, Coconino, Navajo, Apache and Yavapai, comprise District III.

- Coconino County received 175 reports of abuse, neglect and exploitation. Of the reports, 128 resulted in field investigations. Abuse was alleged in 14.84%, neglect was alleged in 79.69% and exploitation was alleged in 13.28%.
- Navajo County received 159 reports of abuse, neglect and exploitation. Of the reports, 139 resulted in field investigations. Abuse was alleged in 23.74%, neglect was alleged in 72.66% and exploitation was alleged in 19.42%.
- Apache County received 66 reports of abuse, neglect and exploitation. Of the reports, 62 resulted in field investigations. Abuse was alleged in 11.29%, neglect was alleged in 77.42% and exploitation was alleged in 19.35%.
- Yavapai County received 567 reports alleging abuse, neglect and exploitation. Of the reports, 463 resulted in field investigations. Abuse was alleged in 17.71%, neglect was alleged in 74.95% and exploitation was alleged in 20.30%.

In SFY 2000, the number of reports in District III increased by 16% and the number of investigations increased by 5%.

APS staff in District III continue to work with the Navajo Nation in providing advocacy and assistance to Native Americans who require assistance off the reservation. They also continue to work with the Yavapai County Elder Abuse Task Force that creates community awareness and education for prevention of elder abuse by protecting, providing and promoting quality of life for the elderly in Yavapai County.

APS has also been a part of the development of the Family Advocacy Center in Yavapai County. The Family Advocacy Center is a one-stop facility. In cases of domestic violence, severe child abuse and severe adult abuse, the center offers comprehensive services in one location. The client is interviewed in a plexiglas room so that they can be observed. The interviews are taped and the center provides

forensically trained social workers, a physician or nurse, law enforcement and a representative from the County Attorney's Office. Counseling and other vital services can be brought into the facility and upon evaluation and assessment, referrals can be made to community agencies.

District IV: Three western Arizona Counties, Mohave, La Paz and Yuma, comprise District IV.

- Mohave County received 755 reports of abuse, neglect and exploitation. Of the reports, 668 resulted in field investigations. Abuse was alleged in 12.13%, neglect was alleged in 80.09% and exploitation was alleged in 20.51%.
- La Paz County received 82 reports of abuse, neglect and exploitation. Of the reports, 62 resulted in field investigations. Abuse was alleged in 11.11%, neglect was alleged in 79.17% and exploitation was alleged in 18.06%.
- Yuma County received 254 reports alleging abuse, neglect and exploitation. Of the reports, 209 resulted in field investigations. Abuse was alleged in 9.09%, neglect was alleged in 77.03% and exploitation was alleged in 27.75%.

APS staff in District IV have also been involved in the development of the Roth House Project, modeled after the Elder Shelter that the late Jackie Roth assisted in developing and implementing in Pima County. The Roth House Project provides emergency housing for at-risk adults 24 hours a day. APS staff continue to conduct community education and awareness about elder abuse and the APS Centralized Intake. The staff also continue their involvement and participation in the Yuma Elder Abuse Task Force and the Mohave County Elder Abuse Task Force.

District V: Two south central Arizona Counties, Pinal and Gila, comprise District V.

- Pinal County received 408 reports alleging abuse, neglect and exploitation. Of the reports, 328 resulted in field investigations. Abuse was alleged in 24.39%, neglect was alleged in 70.73% and exploitation was alleged in 20.12%.
- Gila County received 191 reports alleging abuse, neglect and exploitation. Of the reports, 173 resulted in field investigations. Abuse was alleged in 15.03%, neglect was alleged in 80.92% and exploitation was alleged in 16.18%.

APS staff in District V continue their involvement and participation in the Elder Abuse Specialist Team (EAST). The County Attorney's Office, Public Fiduciaries, Sheriffs of Pinal-Gila Counties, together with the Pinal-Gila Senior Citizen Council, Adult Protective Services and local law enforcement agencies combined their efforts in the area of elder abuse. The EAST team consists of one representative from each agency which meets monthly to review current elder abuse cases in the two counties. EAST also trades information, organizes training for workers in the field of elder abuse and undertakes educational efforts to increase public awareness of elder abuse. APS was instrumental in the development & implementation of the Annual Pinal-Gila Elder Abuse Conference 2000 and will continue to be involved and assist in organizing future conferences.

District VI: Four southeastern Arizona Counties, Cochise, Graham, Greenlee & Santa Cruz, comprise District VI.

- Cochise County received 607 reports of abuse, neglect and exploitation. Of the reports, 518 resulted in field investigations. Abuse was alleged 11.97%, neglect was alleged in 82.43% and exploitation was alleged in 17.95%.
- Graham County received 120 reports alleging abuse, neglect or exploitation. Of the reports, 105 resulted in field investigations. Abuse was alleged in 23.81%, neglect was alleged in 75.24% and exploitation was alleged in 16.19%.
- Greenlee County received 49 reports alleging abuse, neglect and exploitation. Of the reports, 44 resulted in field investigations. Abuse was alleged in 9.09%, neglect was alleged in 90.91% and exploitation was alleged in 13.64%.
- Santa Cruz County received 60 reports alleging abuse, neglect and exploitation. Of the reports, 52 resulted in field investigations. Abuse was alleged in 25.00%, neglect was alleged in 86.54% and exploitation was alleged in 23.08%.

APS staff in District VI were instrumental in organizing the “Elder Abuse Case Investigation & Prosecution” conference held in April 2000. This was a four-day conference that featured national speakers on the subject of elder abuse and prosecution. The conference was official law enforcement training for police and sheriff department personnel. The APS staff in District VI are also actively involved with the Santa Cruz County Elder Abuse Task Force and the Cochise County Elder Abuse Task Force. They continue to provide community education and awareness on elder abuse and the process to make reports to APS.

The Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program receives authority from the Older Americans Act of 1965, as amended, and from Arizona law. The program grew out of efforts by both federal and state governments to respond to widely reported concerns that the nation's most frail and vulnerable citizens, those residing in long-term care facilities, are subject to abuse, neglect, substandard care, and lack the ability to exercise their rights, or voice complaints about their circumstances.

Ombudsman services are designed to improve the quality of care and the quality of life of Arizona's long-term care residents. The program's primary purpose is to identify, investigate, and resolve complaints made by or on behalf of long-term care residents. Other responsibilities of the Ombudsman Program include the following:

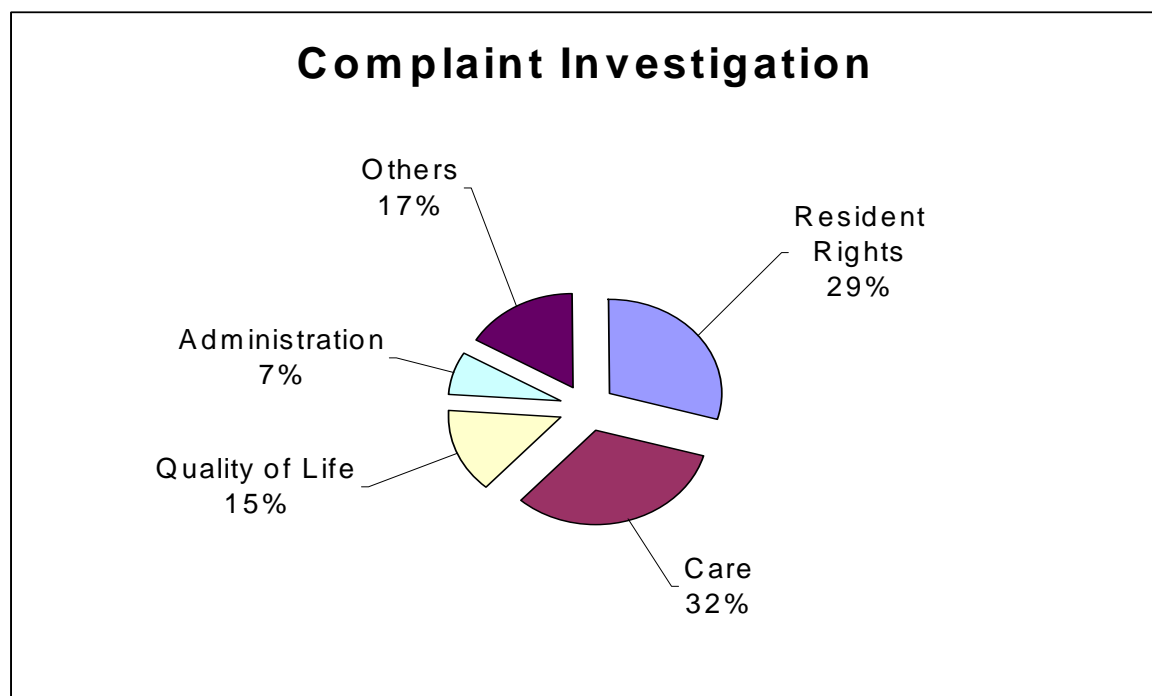
- Provision of information and consultation to individuals regarding long-term care issues and services;
- Identification and advocacy regarding long-term care concerns;
- Provision of consultation and training to facility staff;
- Routine visits to long-term care facilities to provide residents with easy access to ombudsman service;
- Participation in Department of Health Service facility surveys; and
- Working with and supporting family and resident councils.

At the federal level, oversight for the Long-Term Care Ombudsman Program is provided by the Administration on Aging (AoA). At the state level, oversight is provided by the A&AA. Ombudsman services to residents are provided at the regional level through contracts with local AAAs. Oversight and technical assistance to the regional Ombudsman Programs is provided by the State Long-Term Care Ombudsman. The regional programs employ 17 full and part-time staff. Volunteers are also an integral part of the Ombudsman Program. One hundred and thirty-nine certified ombudsman volunteers assisted the program during SFY 2000.

Arizona's long-term care facilities consist of skilled nursing facilities and assisted living facilities. According to DHS, Arizona has approximately 1,377 long-term care facilities with beds available to accommodate approximately 40,846 residents. The Ombudsman Program has the authority to enter into all of these facilities to communicate with residents. This past year, the Ombudsman Program received 9,006 complaints from 5,778 complainants. Eighty-four percent of the complaints received were substantiated. Of the complaints that were substantiated, 76% were resolved to the satisfaction of the complainant. The national standard for rate of satisfaction is 71%.

Complaints involve violations of residents' rights, concerns about residents' care, problems surrounding quality of life issues, problems involving the administration of the long-term care facility, and problems involving people, systems, and agencies outside of the facility. Chart 5 shows the percentage of complaints received by type of complaint.

Chart 5 – Ombudsman Complaint Investigation



The Ombudsman Program continues to be challenged to meet the needs of long-term care residents. Each year the number of complaints received increases and the number of long-term care facilities increases. Resources for the program do not meet this increased demand for service. Without sufficient resources, Ombudsmen cannot make regular visits to all facilities, or provide other necessary services in a timely manner.

The changes in the provision of health care services and the increasingly complex issues generated by these changes have created a climate of confusion for health care consumers. At present there are few resources available to provide information to individuals and families to help make informed decisions. As a result, the Ombudsman Program has experienced an increased demand to provide consultation to individuals and families seeking information about long-term care.

This past year the Ombudsman Program has been enhanced in the following areas:

- Developed a partnership with AARP to recruit additional volunteers for Regions 3, 4, 5 and 6;
- Increased the number of certified Ombudsman Volunteers from 106 to 139;
- Trained new Ombudsman Coordinators in Regions 6, 7 and 8;
- Established an Ombudsman Program on the Navajo Nation; and
- Developed a new data base system enabling the program to generate more accurate and timely reports about program activity.

Legal Services Assistance

The A&AA provides legal services assistance to older persons through six AAAs². The Legal Services Program is responsible for coordinating legal assistance programs within the aging network, providing technical assistance on both delivery and substantive issues, and planning and conducting training on legal intervention.

During SFY 2000, 3,675 persons received legal service assistance. The average cost to provide legal services was \$32.95 per person. Legal service assistance is available to any individual 60 years of age or older, with particular attention to those in greatest social³ and economic⁴ need, and with special emphasis on low-income minority individuals.

In SFY 2000, the A&AA Legal Services Assistance Program produced and implemented a statewide training program designed to educate DES staff in legal intervention options. The training program, known as 'Advanced Directives Seminars', provided instruction in the following areas:

- **Health Care:** *Living Will – Health Care Power of Attorney – Pre-Hospital Directives*
- **Financial:** *General Power of Attorney – Durable Power of Attorney – Trusts*
- **Estate:** *Wills – Trusts – Payable on Death Accounts – Rights of Survivorship*

During SFY 2000, the Legal Service Assistance Program conducted 47 Advanced Directives Seminars. The seminars were conducted across the state, from January to June of 2000, and are projected to continue throughout SFY 2001. A total of 1,041 DES staff members participated in the seminars. Participating DES agencies included APS, DDD, and Child Support Enforcement. DES retirees and current DES employees attended the seminars. Other participants included Arizona State Hospital staff.

In SFY 2000, the Legal Services Assistance Program delivered an APS Competency-Based Core Module, Legal Core, which is an A&AA training targeted for APS workers. The training provides detailed instruction on Arizona Revised Statutes as well as Arizona Administrative Code pertaining to APS practices.

The Legal Services Program also provided specialized legal training to APS staff. The training furnished skill development in mediation and providing testimony in court. Training sessions were held in Flagstaff, Phoenix and Tucson during May and June 2000.

² Area Agencies on Aging, Regions 7 and 8, Navajo Nation and the Inter-Tribal Council of Arizona respectively, have requested waivers from providing legal services. Tribal lawyers serve the needs of Native Americans on the reservation.

³ "Greatest social need" means the need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, and that restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently. (Older Americans Act, Section 102(30))

⁴ "Greatest economic need" means the need resulting from an income level at or below the poverty line. (Older Americans Act, Section 102 (29))

State Health Insurance Assistance Program

The State Health Insurance Assistance Program (SHIP) provides information, education and assistance to Arizona's 690,000 Medicare beneficiaries, their families, caregivers and service professionals with regard to potential eligibility for benefits, insurance or assistance programs. The responsibilities of the Arizona SHIP include:

- Provision of health insurance information, counseling and assistance to vulnerable and older adults, their families, caregivers and service providers to ensure they receive the government and private benefits to which they are entitled;
- Provision of information and education on long term care insurance, benefit or assistance programs including Medicaid and Medicare managed care options to enable beneficiaries to make informed choices;
- Conducting outreach to under-served populations to ensure they understand the health benefits available, how to access them and their rights and responsibilities;
- Training of program and Information/Referral staff and volunteers in Area Agencies on Aging and affiliated organizations in Medicare, Medicaid and other benefit programs in order to allow them to counsel clients. Volunteers are trained to assist clients in obtaining services or benefits and preparing appeals of denials when necessary; and
- Education and outreach to beneficiaries on Medicare/Medicaid Fraud and Abuse.

The Arizona SHIP⁵ is funded by grants from the Health Care Financing Administration and the Administration on Aging. Arizona SHIP operates at both a state and local level with a national, toll free Hotline, which is staffed eight hours per day by experienced volunteer counselors at the A&AA, and in programs conducted by staff and volunteers at the eight AAAs. Over 560 volunteers and staff members of the Area Agencies or related social and health service organizations have completed a four day training program to provide program services. Many of the volunteers are cross-trained in other programs such as Legal Advocacy or Long-Term Care Ombudsman. The program is under the direction of a State SHIP Program Coordinator and SHIP Managers at contracted AAAs.

In SFY 2000, there were 690,000 Medicare beneficiaries who were permanent residents of Arizona. An additional 400,000 Medicare beneficiaries were winter residents. The Arizona SHIP had a total of 102 volunteer counselors who spent 1,345 hours in training and 9,742 hours providing counseling throughout the state. The volunteer counselors provided one-to-one counseling to 13,901 beneficiaries and eleven Hotline volunteers provided information and assistance by telephone to 24,279 beneficiaries. Utilizing these volunteer counselors to provide services saved the program over \$50,000 in salaries alone. In addition, the estimated total dollars saved by beneficiaries through counseling assistance was \$1,821,729.

Program staff made 684 educational presentations on Medicare and other benefits, beneficiary rights and responsibilities, and application processes to 28,072 people, and participated in 122 outreach events.

⁵ Arizona SHIP may also be referred to as the Benefits and Insurance Outreach and Pension Counseling Program, as outlined in Title VII of the Older American's Act.

The Balanced Budget Act of 1997 created Medicare +Choice, which added eight different options for Medicare beneficiaries to receive benefits. Arizona was chosen as a pilot state for the introduction of the Medicare +Choice programs in 1998. In the fall of 1999, the rural counties of the state were profoundly impacted by Medicare +Choice Managed Care Plan service area reductions affecting over 32,000 beneficiaries. In addition, Premier Health Plan, who was going to continue to serve most rural areas, went into receivership in November, affecting 17,000 beneficiaries. All of the above-mentioned beneficiaries were sent termination letters referring them to the Hotline number for assistance. SHIP assisted the Health Care Financing Administration and the Department of Insurance with six emergency outreach events with over 4,000 beneficiaries in attendance. During November 1999 through March 2000, over 34,000 beneficiaries were counseled on their Medicare benefits, rights, and protections. With the loss of Medicare +Choice Managed Care Plan, beneficiaries expressed their difficulties in receiving assistance with prescription expenses, finding insurance companies who serve to the under 65 disabled market, and affording supplemental insurance.

The demand for services has expanded and education is becoming an important component. The Arizona Beneficiary Coalition was formed with members representing Medicare Parts A and B, Health Services Advisory Group, Arizona Health Care Cost Containment System, Social Security, A&AA and the Arizona Department of Insurance to cooperate on health fairs, outreach events, and newsletters.

OLDER WORKER PROGRAMS

The Older Worker Program is comprised of the following: the Senior Community Service Employment Program (SCSEP), the Jobs Training Partnership Act (JTPA), and the Foster Grandparent Program (FGP).

The first component of the Older Worker Program is the SCSEP, whose mission is to empower the economically disadvantaged person age 55 or older with job opportunities in training programs to enhance the participant's quality of life. SCSEP operates under Title V of the Older American's Act and provides subsidized part-time employment to workers age 55 and older who are at, or below, 125% of the federal poverty level. The purpose of SCSEP is to train workers and enable them to move to unsubsidized positions in the public and private sector. In addition, the SCSEP's goal is to improve the quality of life of older workers by moving them toward self-sufficiency.

DES contracts with 45 non-profit and government agencies throughout the state to provide training for SCSEP participants. While placed in these agencies, SCSEP participants receive on-the-job training, and their current skills are honed as new skills are learned. With the supervision and assistance of SCSEP staff and staff of the contracted agencies, the participants gain skills, confidence and experience, which may lead to unsubsidized employment.

SCSEP works in partnership with the JTPA program, the Coalition to Promote Older Worker and Employer Resources (C-POW+ER), the One-Stop Center, and with the contracted agencies. SCSEP continues to work closely with the DES One-Stop Career Centers and is increasing the utilization of the National Council on Aging's Private Sector Initiative Program (PSIP). PSIP offers small businesses a cost-free means of accessing the abilities of a growing pool of qualified, mature workers. The average hourly wage has risen to \$8.34, and the number of job placements reached 163. This type of collaboration allows DES to leverage federal funding to better serve our clients.

SCSEP collaborates with Green Thumb, Inc., a national non-profit sponsor of SCSEP funds, to conduct a Search for Arizona's Oldest Outstanding Worker. The Oldest Outstanding Worker will represent Arizona at Green Thumb's Prime Time Award Initiative held in Washington, D.C. in October 2000, where the Nation's Oldest Outstanding Worker will be announced.

SCSEP FUNDING, APPLICANTS ENROLLED, AND UNSUBSIDIZED PLACEMENTS FOR SFY 1999 AND SFY 2000

Program Year	Funding	Total Applicants Enrolled	Number of Unsubsidized Placements
SFY 1999	\$ 2,669,600	413	198
SFY 2000	\$ 2,886,316	417	163

The second component of the Older Worker Program is the JTPA – 5% Set-A-Side which funds contractors who provide all, or part, of the following services for older workers: Recruitment, Assessment, Education, Case Management and Skills Training which incorporates Job Training, Job Seeking skills, Referrals of Employment and Supportive Services.

The partnership between SCSEP and JTPA 5% has been instrumental in the training and placing of older workers into unsubsidized employment. DES contracts with eight service providers in the state to provide information and referral, case management, counseling, job training and supportive services to older workers. Employment and training services are available to eligible individuals who are 55 years of age or older, who meet the Department of Labor requirements and the Arizona income guidelines for the economically disadvantaged.

Although the availability of funds under JTPA 5% was eliminated on June 30, 2000, SCSEP and the new Workforce Investment Act program (formerly JTPA) will continue to partner in providing training and employment opportunities to older workers. The new legislation under the Workforce Investment Act brings about a major transformation of workforce development systems by consolidating and streamlining over 70 federal employment and training programs into one system.

JTPA FUNDING, PERSONS SERVED, AND PERSONS EMPLOYED FOR SFY 1999 AND SFY 2000

Program Year	Funding	Persons Served	Persons Employed
SFY 1999	\$ 824,077	316	174
SFY 2000	\$ 727,000	247	140

The final component of the Older Worker Program is the FGP⁶. FGP senior volunteers provide supportive services in health, education, and welfare, or related settings to help alleviate the physical, mental or emotional problems of children having special or exceptional needs. The FGP offers seniors volunteer opportunities to serve as mentors, tutors and caregivers. Foster Grandparents provide 20 hours of weekly service to community organizations such as schools, hospitals, centers for abused or neglected youth, Head Start Programs and youth centers.

The Corporation for National Service/Senior Service Corps is a network of federally supported programs. The Corporation for National Service offers opportunities for Americans of all ages and backgrounds to make their communities safer, healthier and stronger through service. In addition, the Corporation for National Service oversees the Americorps and Learn and Serve America Programs for Students. DES sponsors the FGP throughout Arizona excluding the following counties: Apache, Coconino, Navajo and Yavapai. The FGP gives participants the opportunity to share a lifetime of experience with youth.

⁶ FGP is authorized under Title II, Part B, of the Domestic Volunteer Service Act of 1973 (as amended by Public Law 93-113).

Non-Medical Home and Community Based Services

The Non-Medical Home and Community Based Services (NMHCBS) System offers an array of services designed to assist older and/or disabled Arizonans to live as independently as possible in their homes or communities.

Federal, state and local funding are combined to support the NMHCBS System. The funding sources include the following:

- OAA - Title III & Title VII;
- Social Services Block Grant (SSBG);
- State Appropriated Funds;
- Arizona Long Term Care System (ALTCS); and
- Locally generated sources including client contributions, city funds, county United Way funds, and local foundation funds.

There are three major focuses of the NMHCBS System. First, the system provides an array of services to prevent inappropriate or premature institutionalization. Second, the system allows an individual to live independently in his/her home or community setting as long as possible. Third, the system strengthens the informal supports created by families and caregivers of older Arizonans and Arizonans with disabilities.

NMHCBS System eligibility is determined by an assessment of functional ability to determine if the individual is moderately to severely impaired in two or more areas of Instrumental Activities of Daily Living or Activities of Daily Living. The AAA provides entry into the NMHCBS System. Individuals who represent the most frail and most at-risk of institutionalization are a top priority, in accordance with the OAA. The NMHCBS System provides thorough, comprehensive case management to coordinate services.

The services offered by the NMHCBS System include the following:

- Adult Day Health Care
- Home Delivered Meals
- Housekeeping
- Attendant Care/Chores/Shopping
- Home Health Aid
- Personal Care
- Respite Care
- Home Nursing

Other Home and Community Based services are also available within the NMHCBS System to individuals who are 60 years of age or older. These services include the following:

- Congregate Meals in Senior Centers
- Outreach
- Transportation
- Home Repair
- Recreation/Socialization
- Nutrition Education
- Legal Assistance
- SHIP
- Long-Term Care Ombudsman
- Information and Referral
- Other activities that contribute to the maintenance of independent lifestyles within the community

Chart 6 compares the fund sources of the NMHCBS System for SFY 1998 through SFY 2000.

- The largest increase was in local funds by a 20% increase between SFY 1998 and SFY 2000. A large part of the increase was due to providers receiving increased ALTCS funding to provide services to ALTCS clients.
- The OAA Funding had an 8% decrease between SFY 1998 and SFY 2000.
- The 3% increase reflected in State Funds is due to the Arizona legislature increasing the Respite Care appropriation from \$185,000 to \$434,998 in SFY 1998.

Chart 6 – Comparison of Fund Sources for SFY 1998 - SFY 2000

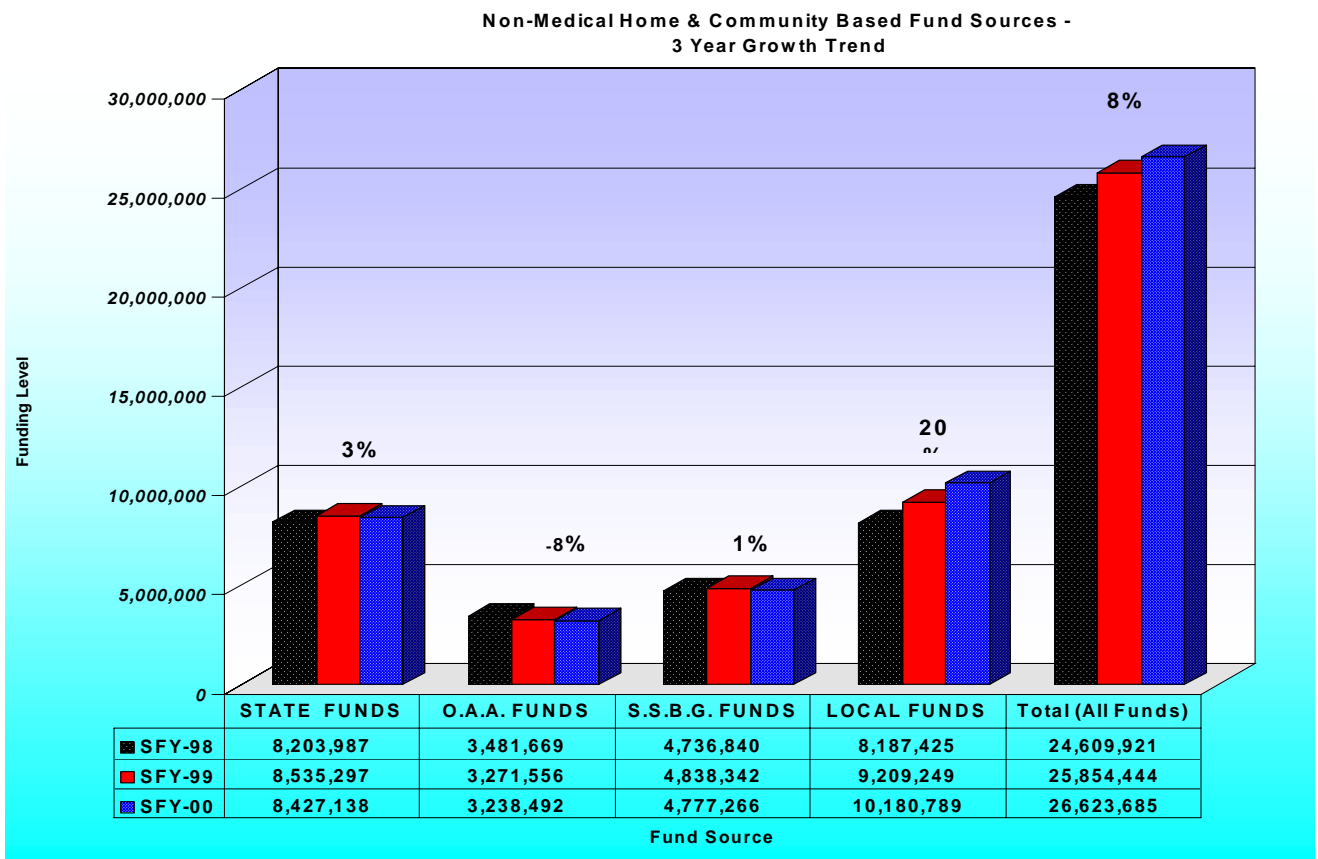


Chart 7 displays the three-year growth trend of participants entering the NMHCBS System. Home Health Aid services experienced a 63% decline due to clients transferring to Personal Care service. Home Nursing also experienced a decline, with 25% fewer clients requiring this service over the three-year period.

- Due to the additional state funds appropriated for Respite Care, this service increased by 26% over the three-year period.
- Overall, the number of clients who entered the NMHCBS System in SFY 2000 decreased by 5% when compared to the clients in SFY 1998. The decrease is in part due to the lack of sufficient resources to address the needs of the individuals requesting services and the transfer of clients from the NMHCBS System to ALTCS.

Chart 7⁷ – Comparison of Clients Entering NMHCBS System for SFY 1998 - SFY 2000

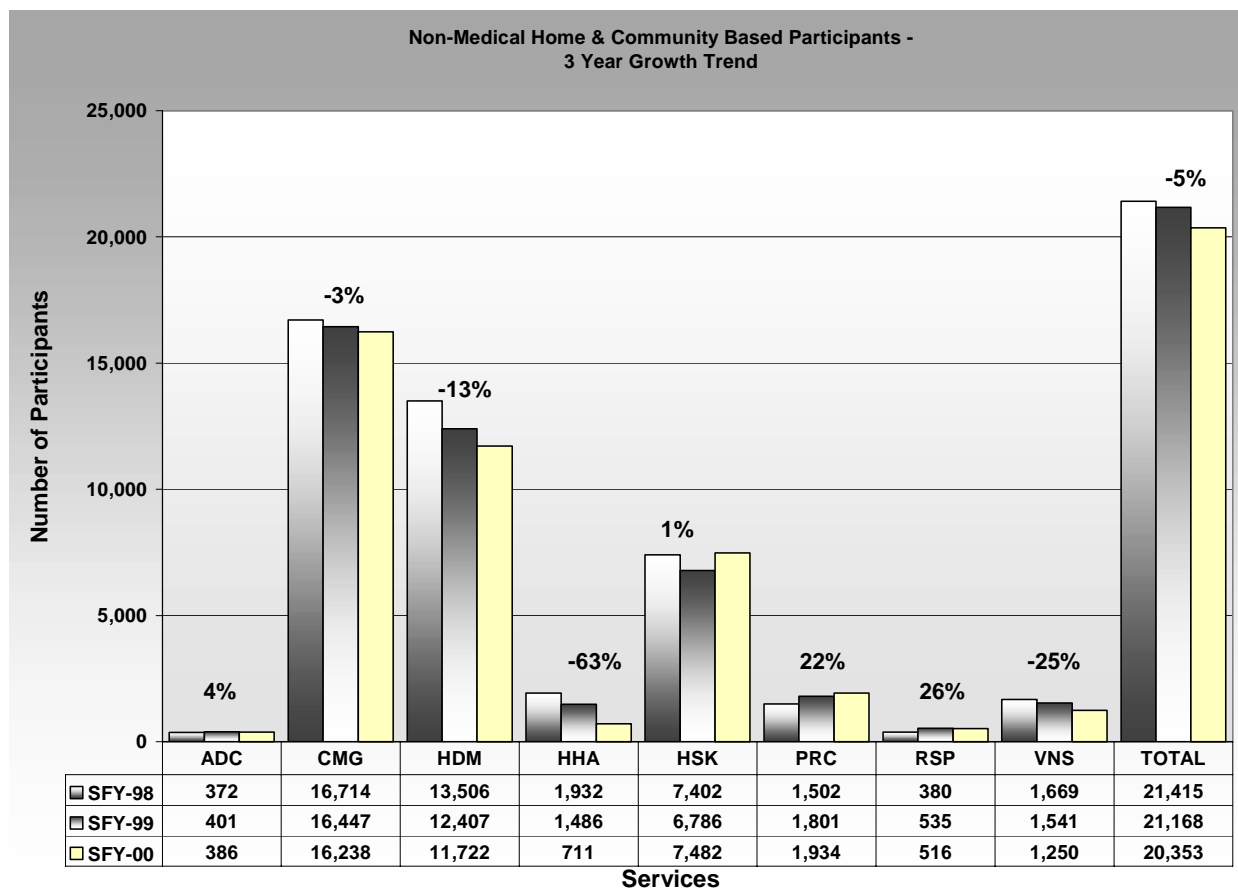


Chart 8 displays the NMHCBS Expenditures for SFY 1998 through SFY 2000.

⁷ **LEGEND:**

ADC = Adult Day Health Care, HDM = Home Delivered Meals, HSK = Housekeeping, CMG = Case Management, HHA = Home Health Aid, PRC = Personal Care, RSP = Respite Care, and VNS = Home Nursing.

- Overall, the total expenditures for the NMHCBS System increased by 8% between SFY 1998 and SFY 2000.
- Home Delivered Meals expenditures increased by 12% due to the rising cost of providing the service. Also contributing to the increase in expenditures is the fact that more ALTCS clients are now being served by the same community providers as NMHCBS.
- Home Health Aid services reflected a 54% decrease in expenditures. Home Health Aid saw the largest decrease, attributable to the shift of clients from Home Health Aid to Personal Care services.
- Case Management reflected the third highest expenditure at 19%.

Chart 8 – NMHCBS Expenditures for SFY 1998 - SFY 2000

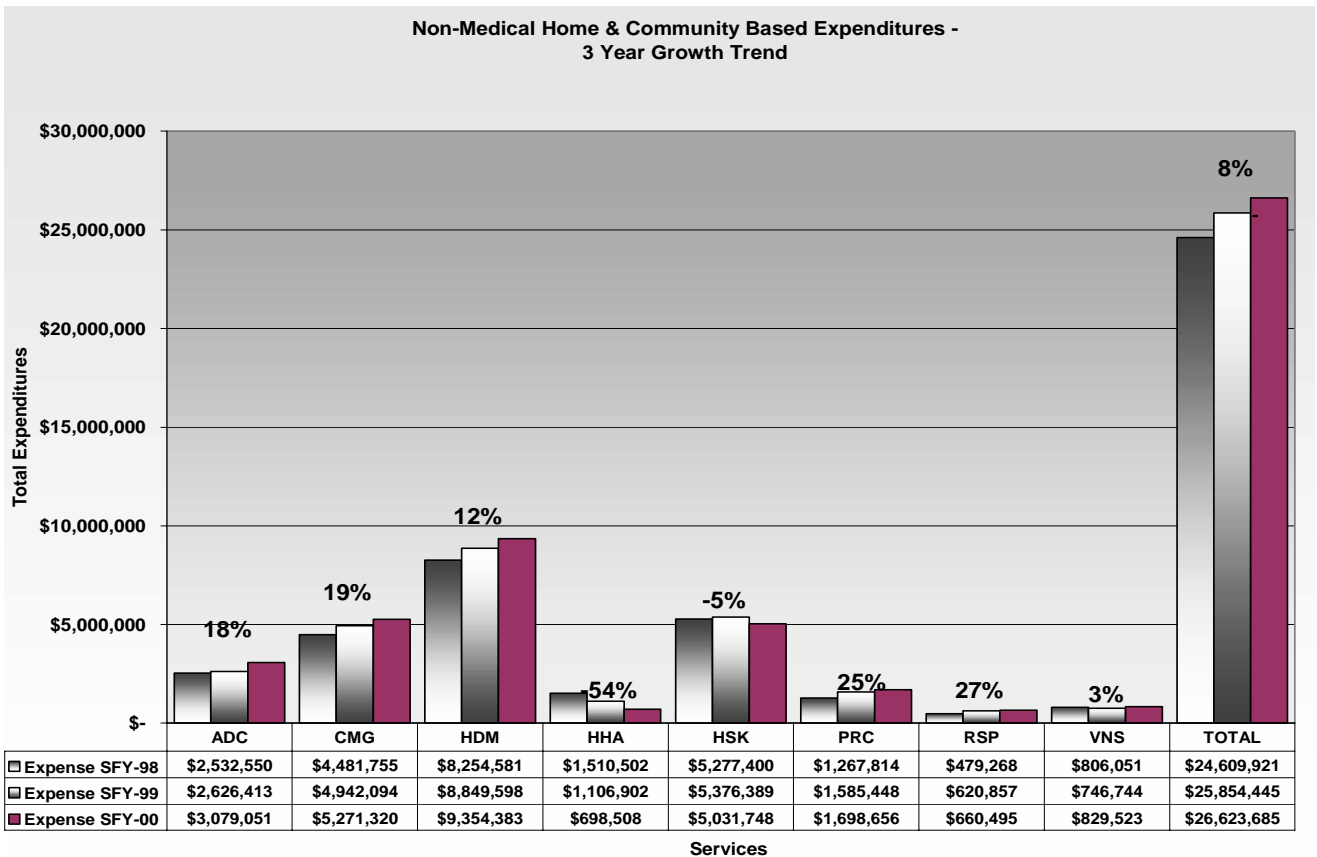
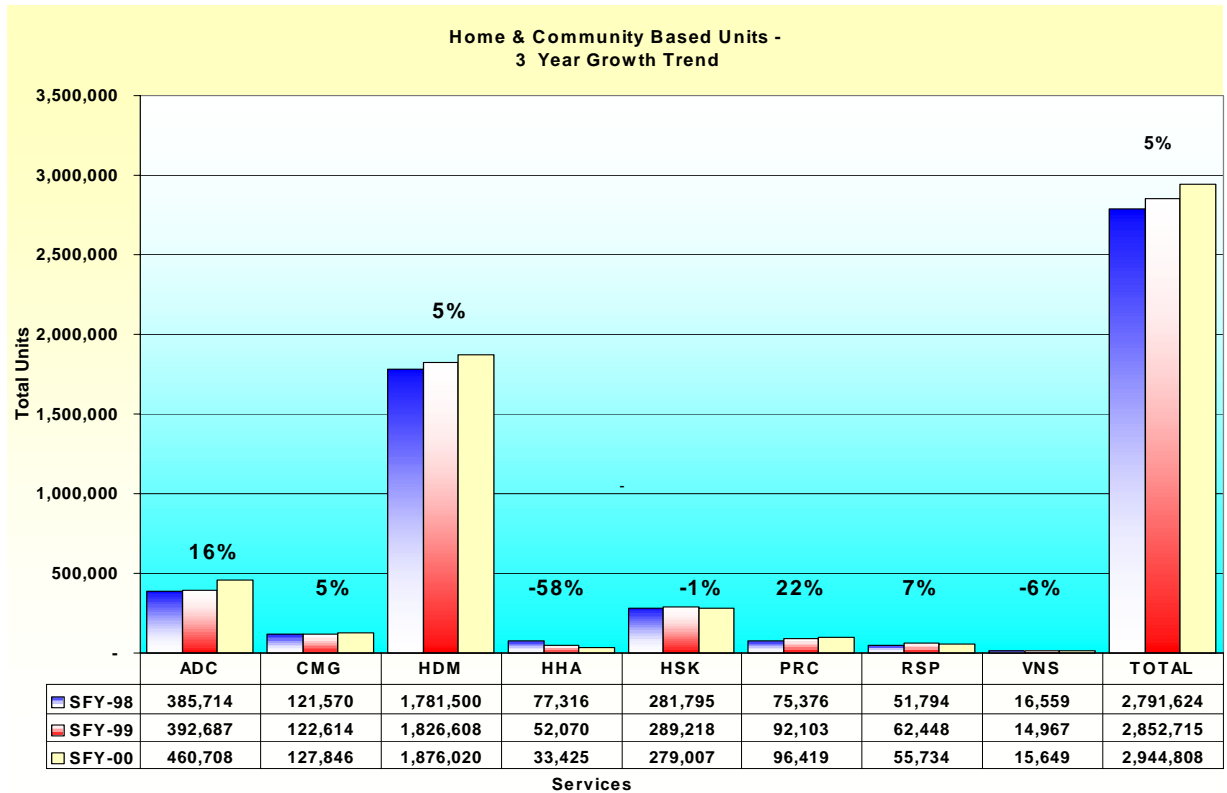


Chart 9 displays the NMHCBS unit growth trend for SFY 1998 through SFY 2000.

- Overall, there was a 5% increase in the total units provided between SFY 1998 and SFY 2000.
- Home Delivered Meals increased by 5% between SFY 1998 and SFY 2000.
- Adult Day Health Care reflects a 16% increase in service units; however, the increase is due to an increased number of ALTCS clients receiving services through NMHCBS System providers.

Chart 9 – Units of NMHCBS Provided for SFY 1998 - SFY 2000



The following statistical data pertains to the age, gender, and ethnicity of NMHCBS System participants for SFY 1998 through SFY 2000.

- Over the three years, female participants age 75 years and older accounted for 66% of the total participants in the NMHCBS System.

- In SFY 2000, 16% of the total participants were under the age of 60 as compared to SFY 1998 and SFY 1999 where they represented 13% and 12%, respectively. This represents a 14% increase in the under 60 population for SFY 1998 through SFY 2000.
- There was a 13% decline in the number of total participants between the age of 60-74 over the three-year period.
- There was a decrease of 5% for SFY 1998 through SFY 2000 in total participants who were 75 years of age and older.
- White Non-Hispanics represent the largest number of participants averaging 63% of the total participants during the three-year period.
- Hispanics maintained approximately a 15% participation rate in the NMHCBS System over the three-year period.
- African-Americans represent approximately 5% of the NMHCBS System participants for the three years.
- Asian-Americans represent the smallest group of participants with a less than 1% participation rate for SFY 1998 through SFY 2000.

Between SFY 1998 and SFY 1999 the waiting list for NMHCBS increased by 40%. In SFY 2000 there was a decrease in the number of persons placed on the waiting list. Individuals declining NMHCBS generally chose to seek assistance outside of the NMHCBS System.

As the number of older persons and persons with disabilities continues to grow, the demand for NMHCBS will exceed the resources available to support or meet the demand.

State Tobacco Tax

The 1994 State of Arizona Tobacco Tax initiative specified that Tobacco Tax state revenue be used to fund the AHCCCS Medically Needy Account. In 1997, the GACA initiated a process resulting in the distribution of funds from the State Tobacco Tax from AHCCCS to the A&AA of \$500,000 in SFY 1998, \$500,000 in SFY 1999, and \$500,000 in SFY 2000. The A&AA provides specific types of home and community based services with the Tobacco Tax funds, which include:

- Adaptive Aids and Devices (dentures, eyeglasses and similar items)
- Home Repair – Adaptation - Renovation (grab bars, ramps, wheelchairs, etc.)
- Emergency Attendant Care, Respite Care or Housekeeping
- Medically-related transportation

Eligibility is based on income status. Initially, a sliding scale fee was charged for up to 300% of Supplemental Security Income, and full payment was charged for more than 300% of Supplemental Security Income. The income limiting factor for client service eligibility was changed for SFY 1999 to 100% of the Federal Poverty Guidelines. The State Tobacco Tax program served 737 frail, low income older Arizonans in its first year, which consisted of nine months instead of the full 12 months; served 1,001 people in SFY 1999, and served 920 people in SFY 2000. The program enabled older Arizonans to maintain the most independence and freedom possible and to avoid institutionalization.

The following provides a State Tobacco Tax expenditures outline and service code description for SFY 2000:

TOBACCO TAX STATE TOTAL EXPENDITURE								
	AD1/AD2	AT1	HS2	RP1	RSP/RS3	TR4	CM2	TOTAL
Local	\$44,033	\$320	\$509	\$9,578	\$0	\$166	\$0	\$54,606
Tobacco Tax	\$320,996	\$9,715	\$13,979	\$88,977	\$25,000	\$4,360	\$4,500	\$467,526
Subtotal	\$365,029	\$10,035	\$14,488	\$98,555	\$25,000	\$4,526	\$4,500	\$522,132
Units	612	386	495	190	2,436	96	70	4,284
Aver. Rate/Unit	\$ 596.45	\$ 26.00	\$ 29.28	\$ 518.71	\$ 10.26	\$ 47.15	\$ 64.69	\$ 121.87
Clients	564	21	89	109	83	54	N/A	920

Legend

AD1/2	= Adaptive Aides	RP1	= Home Repair/Adaptation/Renovation
AT1	= Attendant Care	RSP/RS3	= Respite Care
HS2	= Housekeeping/Chore	RSP/RS3	= Emergency Transport
CM2	= Case Management	TR4	

Training

A&AA training provides information to human services personnel in order to enhance services to older Arizonans. During SFY 2000, specialized training workshops were developed, registration for APS training was converted to a database, scannable training evaluation forms were created, and collaborative training efforts between state and community agencies were enhanced.

APS Competency-Based Core Training

The APS Competency-Based Core Training, implemented in April 1996, is in its fourth year. The training continues to educate all new APS staff, as well as personnel from other state and community agencies. Some agencies participating in the APS Competency-Based Core Training include the following:

- DDD
- City of Phoenix
- AAA
- Navajo Nation Social Services
- Hopi Elderly Services
- Tohono O'Odham Nation
- White Mountain Apache Tribe
- Public Fiduciary offices
- Attorney General's office
- Law Enforcement
- Law Firms

In SFY 2000, 153 trainees attended the APS Competency-Based Core Training.

The APS Competency-Based Core Training consists of five training Modules. Each Module is held in Phoenix, Arizona. The APS Competency-Based Core Training program is a total of 72 hours of training.

SFY 2000 training schedule:

Core Module 700	Legal	August 24-25, 1999
Core Module 701	Adult Services Practice	September 22-23, 1999
Core Module 702	Casework Process and Case Planning	October 19-21, 1999
Core Module 703	Adult Development and the Aging Process	to be announced
Core Module 704	Separation and Loss	November 16-17, 1999
Core Module 700	Legal	May 9-11, 2000
Core Module 701	Adult Services Practice	June 13-14, 2000

In SFY 2000, the trainers for Module 702, Casework Process and Case Planning added a new section, entitled "Model Intervention on Elder Abuse and Dementia". This new section has been very successful in the training program and offers the trainees an in-depth study of dementia and elder abuse.

Training Needs Assessment

A statewide Individual Training Needs Assessment (ITNA) was distributed to all APS staff in January 2000. Of the 84 that were mailed out, 54 were returned, a return rate of 64%. Of the 54 that were returned, 80% of staff said that the following competencies are the highest priority training needs:

- Developmental Disabilities
- The Court Legal System in Adult Services
- Health Medical Issues
- Adult Psychology

The trainers met in January 2000 to plan training events for the upcoming year based on the results of the ITNA. As a result of the ITNA, specialized training events were held in SFY 2000.

Specialized Training

One of the specialized training events implemented was the APS Statewide Training Conference, held on April 26-27, 2000. The conference was titled "Dynamics of Dealing with Developmentally Disabled Adults". Over 175 staff from APS, the Ombudsman Program, Legal Services Coordinators, DDD, AAAs, law enforcement, as well as other various state and community agencies attended this conference. The key topics of the conference included the following:

- Physical, Verbal and Sexual Abuse
- Investigative Interviewing Skills
- Prevention and Safety Concepts
- Age-Related Physical and Cognitive Changes
- Supporting Productive and Meaningful Lives
- Supporting Older Families Who Are Caregivers

In SFY 2000, another specialized training workshop was implemented in coordination with the A&AA and the State Attorney General's Office focusing in the area of legal issues. The workshop was entitled "Communication & Conflict Resolution and How The Legal System Works". Topics highlighted by this workshop included the following:

- One and Two-Way Communication
- Effective Listening
- Understanding Conflict
- Conflict Styles
- Mediation
- Administrative Law Process
- Superior Court Functions
- Preparation for Attendance at a Trial
- How to be Objective in Court

The first "Communication & Conflict Resolution and How the Legal System Works" workshop was held in Phoenix, June 2000, with 27 trainees in attendance. Two more workshops are planned for Flagstaff and Tucson for next fiscal year. APS staff as well as

Legal Services Coordinators, Ombudsman Coordinators and staff from other agencies were invited to attend these workshops.

During SFY 2000, A&AA, in conjunction with the Rehabilitation Services Administration (RSA), coordinated a joint training workshop entitled "Collaboration and New Ideas Cooperative Planning for our Customers". The purpose of this training was to develop and/or enhance the referral processes between the following programs:

- SCSEP – Title V
- Vocational Rehabilitation Services
- Home and Community-Based Services
- Independent Living Rehabilitation Services

The training was held in Flagstaff in November 1999 and Phoenix and Tucson in January 2000, totaling 75 participants.

Quality Assurance

The main focus of Quality Assurance efforts within the A&AA is to determine the satisfaction level of the customers who utilize services, in addition to those who provide the services. To determine satisfaction level, the survey method of random sampling and a standardized questionnaire is used. The results are then analyzed with the intent of making programmatic changes that will subsequently increase satisfaction levels over time. Efforts were made to improve methods of statistical analysis this year. In cooperation with the DES Department of Administration, a database was created utilizing computer technology in scannable answer sheets. This method of obtaining data proved to be a more efficient way of producing raw data for analysis. Quality Assurance consists of customer satisfaction surveys and APS case reviews. In SFY 2000, the A&AA conducted four major customer satisfaction surveys. These surveys included NMHCBS, A&AA service providers, legal services assistance and the FGP.

The largest customer satisfaction survey conducted was for NMHCBS. A total of 2,393 surveys were distributed to current and past clients and 648 surveys were returned, a return rate of 27%. A total of 72% of respondents rated the overall quality of their services as either excellent or good. When asked if their services helped them to retain their independence, 81% of respondents said the services helped either a great deal or helped somewhat. The clients were also asked if the services received helped them remain in their home and a total of 79% said the services helped either a great deal or helped somewhat.

The provider satisfaction survey was sent to the AAAs, tribal contractors, SCSEP contractors, and JTPA contractors. Seventy-four surveys were sent out, and 40 were returned, a return rate of 54%. The survey results indicated that 80% of the contracted providers were satisfied with services received from the A&AA. The contracted providers receive the following services from A&AA: assistance in developing the AAA three-year plans; support on developing AAA operational policies and procedures; increasing AAA administrative capacity; technical assistance to the AAA Ombudsman coordinator and community organizations; and expansion of aging programs and services.

The recipients of legal assistance were asked to rate their satisfaction with the service they received. Out of a total of 459 surveys mailed, 168 were returned, a return rate of 37%. Of those who returned the survey, nearly 85% expressed a satisfaction with the services they received. Sixty-seven percent of legal service providers felt that the training they received assisted them in providing services to their clients.

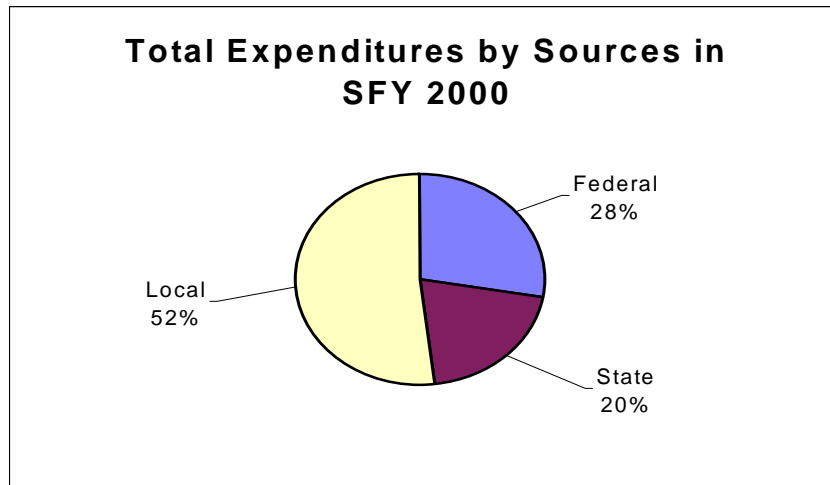
Surveys were sent to 118 participants in the FGP. Fifty-eight responses were returned, a return rate of 49%. FGP surveys detailed the participant's satisfaction with the training, supervision, and compensation. The results showed that 80% of the respondents were satisfied with the program.

Another significant aspect of Quality Assurance pertains to APS case reviews. Closed APS cases were selected at random for review. Six select criteria mandated by statutes are used to measure how well APS cases are handled. Of the 555 cases reviewed during the year, 379, or 68%, conformed to all six criteria.

SFY 2000 Fiscal Report

Chart 10 details the A&AA expenditures for SFY 2000 separated by federal, state, and local programmatic costs.

Chart 10 – Total Expenditures by Sources in SFY 2000



The following are program and service expenditures for A&AA in SFY 2000:

Local	\$	21,579,300.00	Local Contributions
	\$	\$2,832,000.00	Program Income Contributions
State	\$	834,659.00	State Match Cost
	\$	359,800.00	- State Respite Care Program
	\$	1,530,300.00	State Case Management Program
	\$	100,000.00	State Program Development Program
	\$	4,583,300.00	- State Home Care Program
	\$	176,100.00	State Emergency Services Program (APS)
	\$	1,680,205.00	State Supplemental Payment Program (SPP)
Federal	\$	9,552,078.00	Federal Cost
	\$	1,340,000.00	Elderly Feeding Program
	\$	257,274.00	- Foster Grandparent Program
	\$	<u>1,904,800.00</u>	Title V Program
	\$		
	\$	46,737,816.00	TOTAL SFY 2000 EXPENDITURES⁸

⁸ Numbers reflected above do not reflect any adjustments made after June 30th, 2000.

The Future

The A&AA is committed to supporting and enhancing the ability of at-risk and older Arizonans to meet their needs to the maximum of their ability, choice and benefit. Towards that end, the A&AA seeks to accomplish the following:

- Continuing to provide community education and awareness on elder abuse and the APS Central Intake system;
- Continuing involvement in the Statewide and County Elder Abuse Task Forces;
- Increasing Ombudsman partnerships with other public and community agencies;
- Developing and updating rules, as well as policy and procedure for the Ombudsman Program;
- Increasing Ombudsman visits to long-term care facilities;
- Continuing training on legal intervention strategies to human service provider agencies and APS staff;
- Continuing Core-Competency Module Training to APS staff and human services provider agency staff;
- Enhancing education and outreach to Medicare/Medicaid beneficiaries on fraud and abuse, targeting remote and rural areas;
- Continuing collaboration with the One-Stop Career Centers, and the Coalition to Promote Older Worker and Employer Resources;
- Promoting a systematic method of obtaining performance outcome measures for Home and Community Based Services through the Arizona Performance Outcome Measurements System grant;
- Continuing collaboration with other state, local and private agencies to maximize and coordinate service delivery to at-risk and older Arizonans;
- Facilitating the development of five new support groups through the Relatives As Parents Program grant;
- Increasing community outreach, networking, and awareness of Alzheimer's disease and related forms of dementia;
- Expanding and developing culturally sensitive, and linguistically appropriate programs and materials for caregivers of persons with dementia; and
- Establishing an Advisory Council for assessment and evaluation of dementia specific programs, through the Alzheimer's Caregivers Are Really Extraordinary (CARE) Program.

For more information regarding A&AA programs and services, call 602-542-4446 or visit the DES website @ www.de.state.az.us and choose A&AA.

Equal Opportunity Employer/Program

This document is available in alternative format by contacting 602-542-4446

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